

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____	_____	() _____
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

() _____

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

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